



DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES CLINICAL AND ANCILLARY SERVICES EXPANSION REQUEST

General Instructions

Submit the completed application to **Email:** DIDDProvider.Application@tn.gov

All questions and correspondence regarding clinical and ancillary services should be directed to: **Email:** DIDDProvider.Application@tn.gov **or Phone:** (615) 532-6530

Please provide the following information:

Date of Request to Expand:

Name of Organization

Address

City

State

Zip Code

Telephone Number

Fax Number

E-Mail Address

1. Check the service(s) being requested and identify the region(s) the organization proposes to expand service (s) :

REQUESTED WAIVER SERVICE (S)	REQUESTED REGION(S)		
	WEST	MIDDLE	EAST
Occupational Therapy			
Occupational Therapy Assistive Technology			
Physical Therapy			
Physical Therapy Assistive Technology			
Speech-Language/Hearing			
Speech-Language/Hearing Assistive Technology			
Nutrition			
Nursing			
Dental			
Behavior Analyst Services			
Behavior Specialist Services			
Orientation and Mobility Services			
Specialized Medical Equipment & Supplies and Assistive Technology			
Environmental Accessibility Modifications			
Individual Transportation (only for providers of Orientation & Mobility Services)			
Personal Emergency Response Systems			

Date of Request to Expand:

Name of Organization

Printed Name of Authorized Representative

Signature

Title

Date

For DIDD

- ☐ QA survey report reviewed. _____
Reviewed: _____
Query of complaints
Reviewed: _____
- ☐ Query of investigations
Reviewed: _____
- ☐ Regional Office recommendations: _____
Central Office recommendations: _____
- ☐ TennCare Approval: _____